

## DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street, Ladd Hall Waterbury, VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 871-3317 To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

January 31, 2012

Mr. Christopher Keough, Administrator St Joseph's Residential Care Home 243 North Prospect Street Burlington, VT 05401-1609

Provider #: 0155

Dear Mr. Keough:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on December 29, 2011. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN, MS

Licensing Chief

PC:ne

Enclosure



STATE FORM

P.003/012

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| STATEME  | T OF DEFICIENCIES  | (24) 550 4555 6155  | -  | ĺ                     |  | NO DATE                   | 31 101 1034 |  |
|--|--|---|--|-----------------------|--|---------------------------|-------------|--|
| AND PLANOF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  |   | (X2) MULTIPLE CONSTRUCTION   |                       | (X3) DATE SURVEY<br>COMPLETED  |                           |             |  |
|  |  |   |  | A. BUILD              |  |                           |             |  |
|  |  | 0155  |  | B. WING               |  |                           | C           |  |
| NAME OF  | MONUTED OF CHIPPHIER   | 0100  | L CTREET AD  | DD500 0170            | STATE 710 0005   | 12/2                      | 29/2011     |  |
| NAME OF PROVIDER OR SUPPLIER STREET AD                                   |  |   | •  | , STATE, ZIP CODE     |  |                           |             |  |
| STJOS  | EPH'S RESIDENTIAL (  | CARE HOME   |  | TH PROSP<br>TON, VT 0 | ECT STREET<br>5401   |                           |             |  |
| (X4) ID<br>PREFI X<br>TAG  |  |   |  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF COI<br>(EACH CORRECTIVE ACTION<br>CROSS-REFERENCED TO THE<br>DEFICIENCY)  | SHOULD BE COMPLETE        |             |  |
| R1 00 Initial Comments:  |  |   | R100   |                       |  |                           |             |  |
|  | was conducted by the   | nsite complaint inves<br>he Division of Licens<br>/11. Based on inform<br>e regulatory findings   | ing and<br>nation  |                       |  |                           |             |  |
| R316<br>SS≃E   |  | shall not be solicite<br>on by persons conne  | d for gifts  | R316                  | St. Joseph Residentia<br>follows Vermont Catho<br>Policy HR00010 regard<br>Resident Rights/Abuse<br>(see attached)                             | lic Chariti<br>ing        | es          |  |
| ļ  | This REQUIREMENty: Based on observation review, the home fair resident remained for other consideration the home. (Resident)   | ons, interviews and reled to assure that or ree from solicitation on by persons conne   | ecord<br>ne<br>for gifts<br>cted with                                |                       | Policy HR00010 states<br>neglect, mistreatment<br>financial exploitatio<br>residents is not tole<br>All new residents rec                      | , and/or n of the rated." | 11/30/1     |  |
|  | 1. Per record review statement signed on described his/her wil receiving a bank env 3/18/11. In an intervi Employee A confirmation of Employee B receiving employee B. Per resemble by the home for violation statement of the home for violation. | 3/23/11, Employee Bress of Employee Brelope from Residentew at 10:40 AM on 1 and that s/he witnessing a bank envelope from review on 12/29 missed from employ   | A #1 on 12/29/11, ed rom 1/11, ement by                              |                       | copy of "Resident Rig<br>(attached). Copies of<br>Rights" are posted on<br>residential floor.<br>R316 POC accepted 1/26/<br>JHusmerkn/ Pocatal | f "Resident<br>each       |             |  |
|  | the home for violation regarding the prohibit money and purchase Bank records of Restinancial representations withdrawals in \$300; 12/14/10 \$150 \$200; 2/22/11 \$250 records identified (by (POS) debits for purchase grands.                   | tion of requesting or<br>ed goods from a resi-<br>ident #1, provided b-<br>ve, identified (by ast<br>question, as follows:<br>; 12/17/10 \$200; 1/6<br>Additionally, the ban<br>asterisk) Point of Se | taking<br>dent.<br>y the<br>terisk)<br>12/6/10<br>/11<br>k<br>ervice |                       |  |                           |             |  |

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If continuation sheet 1 of 3

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| _Divis=io                                     | of Licensing and Pro  | otection  |   |   |  | . FURIV       | IAPPROVE                 |
|---|---|---|---|---|--|---------------|--------------------------|
| STATE_IMP<br>AND PLLA                         | TATE_MINT OF DEFICIENCIES ND PL_AI OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   |   | (X2) MULTIPLE CONSTRUCTION A. BUILDING      |   | (X3) DATE SURVEY COMPLETED C   |               |                          |
| 1   | 0155  |   |   | B. WING   |  |               | 29/2011                  |
|   |   |   | DDRESS, CITY, STATE, ZIP CODE               |   |  | 23/2011       |                          |
| ST JOSEPH'S RESIDENTIAL CARE HOME 243 NOR     |   |   | RTH PROSPECT STREET GTON, VT 05401          |   |  |               |                          |
| (X4) I D<br>PREF IX<br>TAG                    |   |   |   | ID<br>PREFIX<br>TAG                                       | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)   |               | (X5)<br>COMPLETE<br>DATE |
| R3 16   | Continued From page 1   |   |   | R316  |  |               |                          |
|   | follows: 1/24/11 \$42.86; 1/27/11 \$100.34; 3/1/11 \$78.60; 3/21/11 \$59.46. In an interview at 12:00 PM on 12/29/11, the Administrator confirmed that Employee B was dismissed for violating the home's policy regarding requesting or taking money or purchased goods from a resident.  |   |   |   |  |               |                          |
| R3.22 XI. RESIDENT FUNDS AND PROPERTY<br>SS=E |   |   | R322  | St. Joseph Residential Care Home follows Vermont Catholic |  | 3/1/10        |                          |
| •   | 11.9 No licensee, staff or other employee of the home may solicit, offer or receive a gift, including money or gratuities, from a resident. Nominal gifts, such as candy or flowers that can be enjoyed by all staff, are permissible.  This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the home failed to assure that no employee of the home solicited or received gifts, including money, from one resident (Resident #1). Findings include: |   |   |   | Charities Policy HR00010 regarding Resident Rights abuse and neglect.  | /             |                          |
|   |   |   |   | · · · · ·   | All new employees receive copy of Vermont Catholic Charities HR Policies and Guidelines, and sign a verification of receipt for (attached)                                     |               |                          |
|   | 1. Per record review statement signed on described his/her wit receiving a bank env 3/18/11. In an interviem multiple a confirme multiple multiple are ceiving employee B. Per recembloyee B. was disr  | 3/23/11, Employee Aness of Employee Belope from Resident ew at 10:40 AM on 1 and that s/he witnesses a bank envelope from review on 12/29/                                  | #1 on<br>2/29/11,<br>ed<br>om<br>(11,       |   | Upon discovery, the employin question was immediate discharged for violation of company policy.  Annual in-service staff training is done for all employees on resident right  | ly<br>of      | 3/22/11<br>10/6/11       |
| t<br>r<br>r<br>f<br>c                         | he home for violation regarding the prohibit money and purchase Bank records of Resi inancial representationsh withdrawals in a \$300; 12/14/10 \$150; \$200; 2/22/11 \$250. Ansing and Protection  | n of the home's policy<br>tion of requesting or<br>d goods from a resid<br>dent #1, provided by<br>ve, identified (by aste<br>juestion, as follows:<br>12/17/10 \$200; 1/6/ | taking<br>lent.<br>the<br>erisk)<br>12/6/10 |   | and abuse, neglect, mistreatment and/or finance exploitation of residents most recent in-service was completed October 6, 2011 R322 PDC accepted 1/26112/ Utbsmerky Dyncotures | cial<br>. The | ·                        |

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| Division  | of Licensing and Pro   | otection         |                                    |                     |  | FORM                         | APPROVED                 |
|---|--|------------------|------------------------------------|---------------------|--|------------------------------|--------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  | ER/CLIA<br>MBER: | (X2) MULT<br>A. BUILDII<br>B. WING | TIPLE CONSTRUCTION  | COMPLI   | (X3) DATE SURVEY COMPLETED C |                          |
|   |  | 0155             | ····                               |                     |  | 12/2                         | 9/2011                   |
| •   |  |                  |                                    | STATE, ZIP CODE     |  |                              |                          |
| ST JOSE   | PH'S RESIDENTIAL O   | CARE HOME        |                                    | TON, VT 0           | ECT STREET<br>5401   | ,                            | ·                        |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   |                  |                                    | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CO<br>(EACH CORRECTIVE ACTION<br>CROSS-REFERENCED TO THE<br>DEFICIENCY) | SHOULD BE                    | (X5)<br>COMPLETE<br>DATE |
| R322  | Continued From page  | ge 2             |                                    | R322                |  |                              |                          |
|   | records identified (by asterisk) Point of Service (POS) debits for purchased goods of question, as follows: 1/24/11 \$42.86; 1/27/11 \$100.34; 3/1/11 \$78.60; 3/21/11 \$59.46. In an interview at 12:00 |                  |                                    |                     |  |                              |                          |
|   | PM on 12/29/11, the Administrator confirmed that Employee B was dismissed for violating the home's policy regarding requesting or taking money or purchased goods from a resident.                       |                  |                                    | •                   |  |                              |                          |
|   |  | •                | ·                                  |                     |  |                              |                          |
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